2021-06-21-03-00379272

FEC FORM 2 STATEMENT OF CANDIDACY

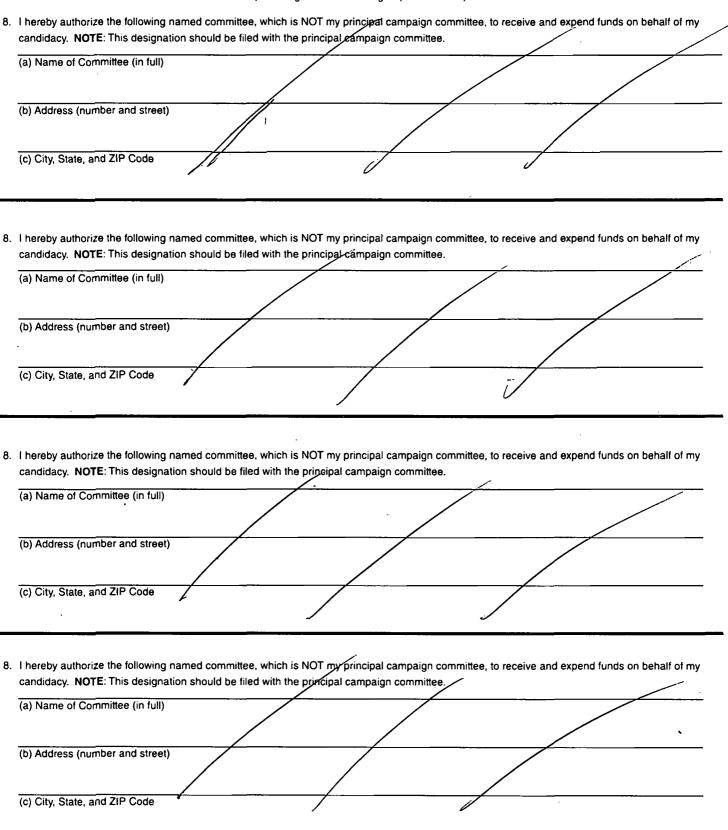
RECEIVED FEC MAIL CENTER

1. (a) Name of Candidate (in full) GOTT JOHAN 2021 JUNE 7-PH2; 46 E 1 A LLM		
(b) Address (number and street)		
(c) City, State, and ZIP Code TSLAND POND VEYMON + US Statement (N) OR (A)		
4. Party Affiliation 5. Office Sought Prescipe WT 6. State & District of Candidate From DN +		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE		
7. I hereby designate the following named political committee as my Principal Campaign Committee for the (year of election)		
NOTE: This designation should be filed with the appropriate office listed in the instructions.		
(a) Name of Committee (in full) LIBERTY LALL (Berty MARKON MARY SOHA) (b) Address (number and street) (I UECLE LA MIAN NEW AGE) AND OS CLAVKS F ANTI SLAUGTER HOUSE PARK		
(b) Address (number and street) UVECLETAWIANNEWAGEDAM		
(c) City, State, and ZIP Code		
ISLAND DOND VERMONT 05846		
<u> </u>		
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)		
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.		
(a) Name of Committee (in full)		
(b) Address (number and street)		
(b) Address (number and street) (c) City, State, and ZIP Code		
(c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Candidate Date		
(c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.		
(c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Candidate Date		
(c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Candidate Date JUNE 9 202(

Optional Supplemental Page for Designation of Additional Authorized Committees

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)



TSLAMPOND V+ USBYC

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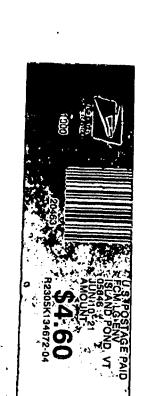
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